

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE  
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09/21/2007

EUGENE CHOVANES  
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 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Eugene Chovanes

(Depositor's name)

(Signature)

September 24, 2007

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/766,415	01/27/2004	Joseph J. Kelly	0301	4152

TITLE OF INVENTION: PERIMETER CLIP FOR SEISMIC CEILINGS

09/25/2007 MGEBREM2 00000032 100075 10766415

01 FC:1501	1400.00 DA
02 FC:1504	300.00 DA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAY. ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	12/21/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
GILBERT, WILLIAM V	3635	052-698000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list  
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Eugene Chovanes  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Worthington Armstrong Venture Malvern, PA

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a: The following fee(s) are submitted:

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A check is enclosed.  
 Payment by credit card. Form PTO-2038 is attached.  
 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 10-0075 (enclose an extra copy of this form).

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 a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Typed or printed name Eugene ChovanesDate 24 Sep 2007  
Registration No. 20,373

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JACKSON AND CHOVANES  
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**FACSIMILE COVER SHEET**

**TO:** Commissioner for Patents  
Fax No.: 571-273-2885

**FROM:** Eugene Chovanes, Esq.  
Jackson and Chovanes  
610-667-4392 (tel.)  
610-667-4394 (fax)

**DATE:** September 24, 2007

Total number of pages, including this sheet: 3

RE: U.S. Patent Application No. 10/766,415

Attached is a "FEES TRANSMITTAL" form, in duplicate,  
for Issue Fee and Publication Fee.

*24 Sep 2007* *Eugene Chovanes*  
*2007* 

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Eugene Chovanes

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